



VOLUNTEER APPLICATION
CITY OF MISSOURI CITY
1522 Texas Parkway, Missouri City, TX 77489
Phone: 281-403-8500
Fax: 281-261-4233
E-mail: apply@ci.mocity.tx.us

INSTRUCTIONS:

Type or print your answers to all questions listed on the application. The City of Missouri City requires that all individuals interested in volunteering complete an official application and provide a list of at least three (3) personal and/or professional references. Applicants may also provide a professional resume as a supplement to the application form and may provide additional information to aid in the evaluation process for volunteering with the City.

SECTION I: PERSONAL INFORMATION

Position for which you are applying (one per application):

Date:

Please complete (check one preferred method of contact):

☐ Cell Phone _____ ☐ Home Phone _____
☐ Work Phone _____ ☐ E-mail Address _____

Name (First) (Middle) (Last)

Street Address Apt./Suite
City State Zip Code

Have you ever worked for City of Missouri City?

Yes ☐ No ☐

When ____/____/____ to When ____/____/____

Are you legally authorized to work in the United States? Yes ☐ No ☐

Can you provide evidence of your eligibility to work? Yes ☐ No ☐

Dept/Division _____

Do you have relatives employed by City of Missouri City? Yes ☐ No ☐ Department _____

Their Name(s) _____ Relationship(s) _____

Do you have a valid Texas Driver's License? Yes ☐ No ☐

The City of Missouri City may verify all information, including moving violations.

High School/
GED

Do you have a High School Diploma or GED Certificate? Yes ☐ No ☐

Prior to an interview, the City may require official copies of college or university transcripts or High School/GED certificate or Diploma, or professional certificates.

College or University	Name	Location	Dates (To and From)	Credit Hours Earned
	Major	Minor	Type Degree	Date Graduated
College or University	Name	Location	Dates (To and From)	Credit Hours Earned
	Major	Minor	Type Degree	Date Graduated
College or University	Name	Location	Dates (To and From)	Credit Hours Earned
	Major	Minor	Type Degree	Date Graduated

List all applicable certificates or licenses.

SECTION II: EMPLOYMENT / VOLUNTEER HISTORY

Beginning with current or most recent dates, provide a comprehensive description of your volunteer experience, if any.

Current or Most Recent Employer _____

Starting Date _____ Ending Date _____ Total time: _____

Address _____ City/State _____ Phone _____

Title _____ Starting Salary _____ Ending Salary _____

Duties _____

Reason for Leaving _____

Previous Employer _____

Starting Date _____ Ending Date _____ Total time: _____

Address _____ City/State _____ Phone _____

Title _____ Starting Salary _____ Ending Salary _____

Duties _____

Reason for Leaving _____

Previous Employer _____

Starting Date _____ Ending Date _____ Total time: _____

Address _____ City/State _____ Phone _____

Title _____ Starting Salary _____ Ending Salary _____

Duties _____

Reason for Leaving _____

Previous Employer _____

Starting Date _____ Ending Date _____ Total time: _____

Address _____ City/State _____ Phone _____

Title _____ Starting Salary _____ Ending Salary _____

Duties _____

Reason for Leaving _____

Have you ever been convicted, plead guilty or no contest, or placed on deferred adjudication or probation for any offense other than traffic violations? Yes ☐ No ☐

Provide details (charges, penalties, where, when, and disposition)

By signing below, I certify, authorize, or acknowledge:

That all of the information provided by me on this application for volunteering and any attachments or supporting documents I submit are accurate. Recognizing that the City may rely upon information I provide to make decisions on volunteers, I hereby certify that all information herein presented is accurate and free from intentional omission, falsification, or misleading information.

I authorize the City of Missouri City to conduct background, personal, criminal, employment, volunteer history, or any type of investigation it may require to determine of my fitness for volunteering. Additionally, I understand that the City may require a physical, mental, or drug screening.

Usual Signature of Applicant

Printed Name of Applicant

Date